



長島慈濟中華文化夏令營

Tzu Chi Long Island Chinese Cultural Summer Day Camp

8/26~: /50 @ Tzu Chi Long Island (60 East Williston Ave, East Williston, NY 11596)

Registration deadline 7/28/19. No refund after 8/1/19. For information call Jill 516-343-9090 or Ken Tan 917-691-5481.

學生報名表 / Camper Registration Form

1. 中文 (Chinese Name): _____ 英文(English Name): _____

現在就讀美國學校年級 School grade level (2018-19): _____

2. 出生日期 Date of Birth: _____ / _____ / _____ (between 08/26/2006 ~ 8/30/2012, 7-13 years old)

3. 性別 Sex: 男(Boy) 女(Girl) 8. 曾參加慈濟夏令營 未參加

4. 家長電子信箱 Parent e-mail: _____

5. 制服尺碼 Summer Camp T-shirt size (Please circle one): 10 12 14 16 18 20 已有制服

6. 住址 Address: _____

7. 家長姓名 Name of Parents:

Father : 中文 Chinese: _____ English: _____

Mother : 中文 Chinese: _____ English: _____

電話 Primary Phone : _____ Text Message

電話 Secondary Phone: _____ Text Message

電話 Third Phone: _____ Text Message

請將一位可以代您關照並負責接送您的孩子就醫的親戚或朋友的名字列為緊急聯絡人。請勿填父母姓名。倘

若您所填的資料有任何變更，您有責任儘快通知夏令營。Please list the name of an individual who will take

responsibility in picking up your child and seeking medical attention. Do not fill in parents' information. Please inform

TCHHSC immediately should any of the information change.

8. 緊急聯絡人姓名 Emergency Contact: _____ 電話 Tel: (_____) _____ - _____

9. 小兒科醫師 Pediatrician: Dr. _____ 電話 Tel: (_____) _____ - _____

10. 過敏 Allergy: My child has allergies to the following foods:

___ Peanuts ___ Tree nuts ___ Egg ___ Milk ___ Soy ___ Wheat/Gluten ___ Corn ___ Legumes. Other: _____

___ My child has no known food allergies.

11. 其他注意事項 Other Concerns: _____



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志工調查表 Volunteer Survey

您能協助下列那一項工作 Please check the area(s) you and/or your spouse can volunteer to help

- _____ 夏令營愛心爸爸維持安全與秩序 Class father helping with order, safety, and event support
_____ 夏令營愛心媽媽生活輔導 Class mother helping with class activities and counseling
_____ 夏令營行政人員 Tzu Chi Summer Camp Staff

特殊專長 Your specialties _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

- 1. I, _____, hereby acknowledge that I have voluntarily applied for my child _____ to participate in all activities to be conducted by The Tzu Chi Long Island Happy Healthy Summer Day Camp (TCHHSC). I agree to defend, indemnify and save harmless, TCHHSC and its officers, chaperons, teachers, volunteers, employees, and other persons associated with TCHHSC from and against any and all claims, demands, losses, defense costs or liability of any kind or nature which the TCHHSC, its officers, chaperons, teachers, volunteers, employees and other persons associated with TCHHSC may sustain or incur or which may be imposed upon them for injury to or death of persons or damage to property as a result of, arising out of, or in any manner connected with my child's participation in all TCHHSC's activities.
2. I certify that my child has the necessary skills and abilities to participate in all TCHHSC activities and I assume full responsibility for body injury, and loss of personal property, and expenses thereof as a result of my child's negligence in participating in TCHHSC activities. I also agree to instruct my child to abide by the rules or instructions given to them either verbally or in writing by TCHHSC. I further understand that TCHHSC reserves the right to refuse any person judged to be physically or mentally unfit to meet the rigors and requirements of participating in certain activities. I also agree that TCHHSC may use video or photographic or audio records of the activities that my child has participated in for promotional purposes.
3. In an emergency, TCHHSC will contact parents first. When parents cannot be reached, the emergency contact will be called. If TCHHSC is unable to contact the student's parents and the emergency contact, I also agree that in the event of illness or accident of my child, any TCHHSC officers, chaperons, teachers, volunteers, employees and other persons associated with TCHHSC, in whose care my child has been entrusted, is authorized to consent to an X-ray examination, anesthetic, medical or surgical diagnosis of my child; to transportation of my child to any hospital and to treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a licensed physician and/or surgeon. I hereby indemnify, discharge and hold harmless TCHHSC, its officers, chaperons, teachers, volunteers, employees and other persons associated with TCHHSC from liability because of the exercise of such actions.

Signature of Parent or Legal Guardian 家長/監護人簽名 : _____ Date 日期 _____

PARENT/GUARDIAN MEDIA RELEASE AUTHORIZATION

Buddhist Tzu Chi Foundation, U.S.A. requests permission to use of student's name, and reproduce, through audio or visual means, activities related your student's education. Your signature below will enable us to increase public awareness and promote continuation and improvement of educational program through mass media, displays, brochures, etc. The medial mentioned herein including but not limited to photographs, films, slides, internet, video, and audio tape recordings.

GRANTING OF PERMISSION IS VOLUNTARY AND SHALL REMIAN IN EFFECT THROUGH THE CURRENT SCHOOL YEAR ONLY.

Student's Name _____ Date of Birth _____

I hereby give my permission.

_____ (Signature) Date: _____

Name: _____ (Print) Relationship to Student: _____



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長島慈濟快樂健康夏令營註冊收據 (註冊組存根聯)

Tzu Chi Long Island Happy Healthy Summer Day Camp Registration Receipt (Copy for Registration Department)

學生姓名 Name of Student: _____

註冊費 Registration fee: \$30 (恕不退費) 費用 Camp Fee: \$220 營隊制服 Uniforms: \$ 20 (已有制服者可免購)

制服尺碼 Summer Camp T-shirt size (Please circle one): 10 12 14 16 18 20 (7-12 years old)

家長簽名 Parents Signature: _____ Date : _____

收款人 Receiver: _____

長島慈濟快樂健康夏令營註冊收據 (財務組存根聯)

Tzu Chi Long Island Happy Healthy Summer Day Camp Registration Receipt (Copy for Accounting Department)

學生姓名 Name of Student: _____

註冊費 Registration fee: \$30 (恕不退費) 費用 Camp Fee: \$220 營隊制服 Uniforms: \$ 20 (已有制服者可免購)

制服尺碼 Summer Camp T-shirt size (Please circle one): 10 12 14 16 18 20 (7-12 years old)

現金 Cash: _____ 合計 Total: \$: _____

收款人 Receiver: _____ (/ / 2019)
month date year

長島慈濟快樂健康夏令營註冊收據 (學生收執聯)

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現金 Cash: _____

Camp opens 9 am, 8/28/2019

收款人 Receiver: _____ (/ / 2019)
month date year